



Facilities Development Division
1600 9th Street, Room 420
Sacramento, CA 95814
(916) 654-3362
FAX (916) 654-2973 or (916) 653-0755

(Must be printed or typed)

| EXAM APPLYING FOR: (Refer to Title 24, Part 1, Article 19, Section 7-204 (a), (b) & (c)) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> CLASS "A" <input type="checkbox"/> CLASS "C" - If applying for Class "C", fill in SPECIALTY _____ OSHPD HOSPITAL INSPECTOR CERTIFICATION # _____ <div style="text-align: center; font-size: small;">(IF APPLICABLE)</div> </div> <div style="width: 45%;"> PREFERRED TEST LOCATION: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> LOS ANGELES AREA </div> <div style="text-align: center;"> <input type="checkbox"/> SACRAMENTO AREA </div> </div> </div> </div> | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------|-------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| (Note: This address and phone number will be posted on the list for public contact and used for OSHPD mailings.) | | | | | | | | | | | | | | | | | |
| NAME: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST M I </div> | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> NUMBER STREET </div> <div style="text-align: right; margin-top: -15px;"> <input type="checkbox"/> Check if this is a change of address </div> <div style="display: flex; justify-content: space-between; margin-top: 10px; font-size: small;"> CITY COUNTY STATE ZIP CODE </div> | | | | | | | | | | | | | | | | | |
| CONTACT: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> () TELEPHONE NUMBER () FAX (Optional) E-MAIL ADDRESS (Optional) </div> | | | | | | | | | | | | | | | | | |
| DO YOU HAVE A DISABILITY / IMPAIRMENT FOR WHICH YOU MAY NEED ASSISTANCE DURING A WRITTEN OR ORAL TEST? IF "YES", YOU WILL BE CONTACTED TO MAKE SPECIFIC ARRANGEMENTS. <div style="text-align: right; margin-top: -15px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> | | | | | | | | | | | | | | | | | |
| LIST CURRENT VALID LICENSES, CERTIFICATES, AND MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS: (ATTACH COPIES) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> | | | | | | | | | | | | | | | | | |
| FORMERLY EMPLOYED BY OSHPD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", DATE OF SEPARATION? _____ | | | | | | | | | | | | | | | | | |
| CONSTRUCTION / INSPECTION RELATED EDUCATION or SEMINARS ATTENDED: | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">NAME AND LOCATION OF SCHOOL OR ORGANIZATION</th> <th style="width: 30%;">COURSE OF STUDY</th> <th style="width: 10%;">HOURS</th> <th style="width: 15%;">DATE COMPLETED</th> </tr> </thead> <tbody> <tr><td style="height: 40px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td><td></td><td></td></tr> </tbody> </table> | | NAME AND LOCATION OF SCHOOL OR ORGANIZATION | COURSE OF STUDY | HOURS | DATE COMPLETED | | | | | | | | | | | | |
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| EXPERIENCE: BEGINNING WITH YOUR MOST RECENT POSITION, GIVE DETAILS ON YOUR EXPERIENCE WHICH QUALIFIES YOU FOR ENTRANCE TO THIS EXAMINATION. A RESUME MAY BE USED FOR THIS PORTION OF THE APPLICATION, BUT MUST INCLUDE THE SAME INFORMATION AS LISTED BELOW. | | | | | | | | | | | | | | | | | |
| <u>LENGTH OF PROJECT ASSIGNMENT</u> FROM: _____ TO: _____ TOTAL: _____ YR. _____ MO. HOURS WORKED PER WEEK: _____ | Duties performed involving the following Type(s) of Construction (Circle) I II III IV V <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <input type="checkbox"/> Verification letter attached. | <u>NAME, ADDRESS & PHONE NO. OF EMPLOYER(S)/CLIENT:</u> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div> <u>FACILITY NAME, BUILDING & PROJECT COST:</u> | | | | | | | | | | | | | | | |

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| <u>LENGTH OF PROJECT ASSIGNMENT</u> FROM: _____ TO: _____ TOTAL: _____ YR. _____ MO. HOURS WORKED PER WEEK: _____ | Duties performed involving the following Type(s) of Construction (Circle) I II III IV V <input type="checkbox"/> Verification letter attached. | <u>NAME, ADDRESS & PHONE NO. OF EMPLOYER(S)/CLIENT:</u> <hr/> <u>FACILITY NAME, BUILDING & PROJECT COST:</u> <hr/> |
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CERTIFICATION OF APPLICANT

I Hereby Certify, that all statements made in this application are true and complete.

(SIGNATURE)

(DATE)

NOTE: An application which is incomplete or is not accompanied by the required documents and/or fees may be rejected by the Office. The application, documents and examination fee will be returned to the applicant with a statement of reasons for no acceptance.

FEE SCHEDULE

Check box for applicable
fees submitted

OFFICE USE ONLY
(DO NOT WRITE IN THIS SPACE)

| | | |
|--|----------|--------------------------|
| Application Review (non-refundable)..... | \$100.00 | <input type="checkbox"/> |
| Exam for Class A Inspector Certification | \$300.00 | <input type="checkbox"/> |
| Exam for Class B Inspector Certification | \$300.00 | <input type="checkbox"/> |
| Exam for Class C Inspector Certification | \$100.00 | <input type="checkbox"/> |

TOTAL AMOUNT ENCLOSED \$_____

METHOD OF PAYMENT

☐ MONEY ORDER ☐ CHECK

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ NOVUS /DISCOVER CARD

CHARGE CARD NUMBER: _____ EXPIRATION DATE: _____

PRINT CARD HOLDER'S NAME: _____ SIGNATURE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Payments should be made to "OSHPD". Mail payment and application to:

**Office of Statewide Health Planning and Development
Facilities Development Division
Hospital Inspector Certification Program
1600 9th Street, Room 420, Sacramento, CA 95814**